**Benefit Overview**

Emergency Medical Transportation (EMT) is a benefit for all Health First Colorado (Colorado’s Medicaid Program) members who have a critical or unknown illness or injury that demands immediate medical attention to prevent permanent injury or loss of life.

Providers must be enrolled as a Health First Colorado provider in order to:
- Provide EMT services to a Health First Colorado member
- Submit claims for payment to Health First Colorado

Providers should refer to the Code of Colorado Regulations (CCR), Program Rules (10 CCR 2505-10), for specific information when providing EMT services.

EMT Regulations can be found in 10 CCR 2505-10 8.018. These regulations allow inter-facility transfers between hospitals to be billed as EMT services. These transfers can include transportation of people who are experiencing a mental health or substance use disorder crisis. The Department clarified this in the **October 2017 Provider Bulletin**.

EMT Policies can be found in the EMT Benefit Coverage Standard:  
[https://www.colorado.gov/pacific/sites/default/files/Ambulance.pdf](https://www.colorado.gov/pacific/sites/default/files/Ambulance.pdf)

**Billing Information**

Refer to the [General Provider Information manual](https://www.colorado.gov/pacific/sites/default/files/Ambulance.pdf) for general billing information.

**Eligible Providers**

To provide EMT services to Health First Colorado members and receive reimbursement, a provider must:

1. Obtain the appropriate license, accreditation, or recognition:
   - Ground ambulances- licensing of ground ambulance services in Colorado is conducted by county governments. Contact the county commissioner’s office for specific county ambulance licensing requirements and/or verification of a valid license.
   - Air ambulances- Air ambulance services are regulated by the State when they transport patients out of Colorado. If your air ambulance service agency wants to provide this service, it must be either licensed or authorized by the Colorado Department of Public Health and Environment.

2. Complete provider enrollment to become a Health First Colorado EMT provider. Enrollment information can be found in the Provider Services Enrollment section of the Department’s website (colorado.gov/hcpf).
   - To be eligible to be reimbursed for Health First Colorado EMT claims, providers must enroll correctly prior to providing services.

   Provider Type/Code: 13 – Transportation (Emergency Medical Transportation)
   - Specialty: Air Ambulance
     Specialty Code: 086
   - Specialty: County Agency
     Specialty Code: 124
   - Specialty: Emergency
     Specialty Code: 324
Note: Providers enrolled as any other provider type/code must complete a separate enrollment application to be eligible to provide EMT services.

Non-Emergent Medical Transportation (NEMT) Ambulance Providers
Ambulance providers must complete a separate enrollment application to be eligible to provide Non-Emergent Medical Transportation (NEMT) services.

Payment for Covered Services
Regardless of whether Health First Colorado has actually reimbursed the provider, billing members for covered services is strictly prohibited. Balance billing is prohibited. If reimbursement is made, providers must accept this payment as payment in full (see Program Rule 8.012). The provider may only bill the member for services not covered by Health First Colorado.

For detailed coverage and limitations, please refer to the Emergency Ambulance Services Benefit Coverage Standard on the Department’s website or EMT Regulations found in 10 CCR 2505-10 8.018.

Member Eligibility
Emergency Medical Transportation is a benefit for all Health First Colorado members who have a critical or unknown illness or injury that demands immediate medical attention to prevent permanent injury or loss or life.

Prior Authorization
Prior authorization is not required for ground and air ambulance in emergency situations or for in-state hospital to hospital transport including critical care cases.

All NEMT ambulance requests must be sent to the State Designated Entity (SDE).

Covered Benefits and Limitations
Emergency Medical Transportation (EMT) is a benefit for all Health First Colorado (Colorado’s Medicaid Program) members who have a critical or unknown illness or injury that demands immediate medical attention to prevent permanent injury or loss of life.

Ground Ambulance
The following ground ambulance services are covered:
- Transportation to the closest, most appropriate facility
- Basic or advanced life support that is required during transport
- Critical Care Transportation - facility to facility transport requiring medical care above that offered via non-emergency medical transportation (NEMT)

Air Ambulance
When the point of pick up is inaccessible by a land vehicle or remoteness or other obstacles prohibit transporting the member by land to the nearest appropriate medical facility, the following air ambulance services are covered:
- Basic or advanced life support that is required during transport
- Critical Care Transport - when medically necessary to reach the closest, most appropriate facility

Exclusions
The following services are not reimbursable by Health First Colorado:
- Waiting time, cancellations or unapproved additional passengers
- Response calls to emergency locations when no transportation is needed or approved
• Charges when the member is not in the vehicle
• Non-benefit services provided at the scene when transportation is not necessary
• Transportation which is covered by another entity
• Transportation to local treatment programs not enrolled as a Health First Colorado provider
• Transportation of a member who has been pronounced deceased at the time that the ambulance arrives
• Pick up or delivery of prescriptions and/or supplies
• Transportation arranged for a member’s convenience when there is no reasonable risk or permanent injury or loss of life
• Transportation to non-emergency medical appointments

**Procedure Coding**

Health First Colorado uses the Centers for Medicare & Medicaid Services (CMS) Healthcare Common Procedural Coding System (HCPCS). The codes are used for submitting claims for services provided to Health First Colorado members and represent services that may be provided by enrolled, certified Health First Colorado providers.

HCPCS are used to identify and reimburse emergency medical transportation services.

The Department updates and revises HCPCS codes through Health First Colorado billing manuals.

Current rates can be found on the Department’s website (colorado.gov/hcpf).

### Ground Ambulance

<table>
<thead>
<tr>
<th>Code</th>
<th>Unit</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A0429</td>
<td>One Way Trip</td>
<td>Emergency transportation: Ambulance service- Basic Life Support (BLS)</td>
</tr>
<tr>
<td>A0427</td>
<td>One Way Trip</td>
<td>Emergency transportation: Ambulance service- Advanced Life Support (ALS), level 1</td>
</tr>
<tr>
<td>A0433</td>
<td>One Way Trip</td>
<td>Ambulance service - Advanced Life Support (ALS), level 2</td>
</tr>
<tr>
<td>A0225</td>
<td>One Way Trip</td>
<td>Emergency transportation: Ambulance service- neonatal transport</td>
</tr>
<tr>
<td>A0434</td>
<td>One Way Trip</td>
<td>Specialty care transport (SCT)</td>
</tr>
<tr>
<td>A0425</td>
<td>Mile</td>
<td>Ground mileage, per statute mile</td>
</tr>
<tr>
<td>A0021</td>
<td>Mile</td>
<td>Ambulance service, outside state per mile, transport</td>
</tr>
<tr>
<td>A0422</td>
<td>Per Unit</td>
<td>Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation</td>
</tr>
</tbody>
</table>

### Air Ambulance

<table>
<thead>
<tr>
<th>Code</th>
<th>Unit</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A0430</td>
<td>One Way Trip</td>
<td>Ambulance service, conventional air services, transport, one way (fixed wing)</td>
</tr>
<tr>
<td>A0431</td>
<td>One Way Trip</td>
<td>Ambulance service, conventional air services, transport, one way (rotary wing)</td>
</tr>
</tbody>
</table>

**EMT Billing Information**

The 837 Professional (837P) transaction should be utilized for electronic billing.

**Claim Type**

EMT Claims submitted via the web portal are Professional or Professional Crossover Claims.

**Diagnosis Codes**

The Health First Colorado recognizes the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-10-CM) diagnostic coding reference. See the ICD-10-CM for a full list of diagnosis codes.
Dates of Services
Each detail line includes space to enter two (2) dates of service: a ‘From’ Date Of Service (FDOS) and a ‘To’ Date Of Service (TDOS). Both dates must be completed on the electronic record. For services rendered on a single date, complete the FDOS and the TDOS with the same date.

Span Billing
Span billing is not allowed for transportation services.

Place of Service Codes
Use CMS place of service codes. Use place of service codes:
- 41-land transportation
- 42-air transportation

Procedure Codes
Each detail line must include a valid EMT procedure code.

EMG (Emergency) Indicator
The Emergency Indicator is used to differentiate some EMT services from Non-Emergent Medical Transportation. A “Y” must be entered to indicate the service was Emergency Medical Transportation. If you leave this field blank, the EMG indicator defaults to Not Sure, indicating the service was Non-Emergent Medical Transportation (NEMT). Failure to enter a Y may result in a claim denial.

Transportation Certification
Complete this field to certify that you have a transportation certificate or trip sheet on file for this service.

Attachments
Beginning 3/1/17, attachments can be submitted with electronic claims submitted via the web portal.
## CMS 1500 Paper Claim Reference Table

The following paper claim form reference table shows required, optional, and conditional fields and detailed field completion instructions for transportation claims on the CMS 1500 claim form.

<table>
<thead>
<tr>
<th>CMS Field #</th>
<th>Field Label</th>
<th>Field is?</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Insurance Type</td>
<td>Required</td>
<td>Place an “X” in the box marked as Medicaid.</td>
</tr>
<tr>
<td>1a</td>
<td>Insured’s ID Number</td>
<td>Required</td>
<td>Enter the member’s Health First Colorado seven-digit Medicaid ID number as it appears on the Medicaid Identification card. Example: A123456.</td>
</tr>
<tr>
<td>2</td>
<td>Patient’s Name</td>
<td>Required</td>
<td>Enter the member’s last name, first name, and middle initial.</td>
</tr>
<tr>
<td>3</td>
<td>Patient’s Date of Birth / Sex</td>
<td>Required</td>
<td>Enter the member’s birth date using two digits for the month, two digits for the date, and two digits for the year. Example: 070114 for July 1, 2014. Place an “X” in the appropriate box to indicate the sex of the member.</td>
</tr>
<tr>
<td>4</td>
<td>Insured’s Name</td>
<td>Conditional</td>
<td>Complete if the member is covered by a Medicare health insurance policy. Enter the insured’s full last name, first name, and middle initial. If the insured used a last name suffix (e.g., Jr, Sr), enter it after the last name and before the first name.</td>
</tr>
<tr>
<td>5</td>
<td>Patient’s Address</td>
<td>Not Required</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Patient’s Relationship to Insured</td>
<td>Conditional</td>
<td>Complete if the member is covered by a commercial health insurance policy. Place an “X” in the box that identifies the member’s relationship to the policyholder.</td>
</tr>
<tr>
<td>7</td>
<td>Insured’s Address</td>
<td>Not Required</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Reserved for NUCC Use</td>
<td>Not Required</td>
<td></td>
</tr>
<tr>
<td>CMS Field #</td>
<td>Field Label</td>
<td>Field is?</td>
<td>Instructions</td>
</tr>
<tr>
<td>------------</td>
<td>-------------------------------------------------</td>
<td>-------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>9</td>
<td>Other Insured’s Name</td>
<td>Conditional</td>
<td>If field 11d is marked “YES”, enter the insured’s last name, first name and middle initial.</td>
</tr>
<tr>
<td>9a</td>
<td>Other Insured’s Policy or Group Number</td>
<td>Conditional</td>
<td>If field 11d is marked “YES”, enter the policy or group number.</td>
</tr>
<tr>
<td>9b</td>
<td>Reserved for NUCC Use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9c</td>
<td>Reserved for NUCC Use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9d</td>
<td>Insurance Plan or Program Name</td>
<td>Conditional</td>
<td>If field 11d is marked “YES”, enter the insurance plan or program name.</td>
</tr>
<tr>
<td>10a-c</td>
<td>Is Patient’s Condition Related to?</td>
<td>Conditional</td>
<td>When appropriate, place an “X” in the correct box to indicate whether one or more of the services described in field 24 are for a condition or injury that occurred on the job, as a result of an auto accident or other.</td>
</tr>
<tr>
<td>10d</td>
<td>Reserved for Local Use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Insured’s Policy, Group or FECA Number</td>
<td>Conditional</td>
<td>Complete if the member is covered by a Medicare health insurance policy. Enter the insured’s policy number as it appears on the ID card. Only complete if field 4 is completed.</td>
</tr>
<tr>
<td>11a</td>
<td>Insured’s Date of Birth, Sex</td>
<td>Conditional</td>
<td>Complete if the member is covered by a Medicare health insurance policy. Enter the insured’s birth date using two digits for the month, two digits for the date and two digits for the year. Example: 070114 for July 1, 2014. Place an “X” in the appropriate box to indicate the sex of the insured.</td>
</tr>
<tr>
<td>11b</td>
<td>Other Claim ID</td>
<td>Not Required</td>
<td></td>
</tr>
<tr>
<td>CMS Field #</td>
<td>Field Label</td>
<td>Field is?</td>
<td>Instructions</td>
</tr>
<tr>
<td>-------------</td>
<td>-------------</td>
<td>----------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>11c</td>
<td>Insurance Plan Name or Program Name</td>
<td>Not Required</td>
<td></td>
</tr>
<tr>
<td>11d</td>
<td>Is there another Health Benefit Plan?</td>
<td>Conditional</td>
<td>When appropriate, place an “X” in the correct box. If marked “YES”, complete 9, 9a and 9d.</td>
</tr>
<tr>
<td>12</td>
<td>Patient’s or Authorized Person’s signature</td>
<td>Required</td>
<td>Enter “Signature on File”, “SOF”, or legal signature. If there is no signature on file, leave blank or enter “No Signature on File”. Enter the date the claim form was signed.</td>
</tr>
<tr>
<td>13</td>
<td>Insured’s or Authorized Person’s Signature</td>
<td>Not Required</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Date of Current Illness Injury or Pregnancy</td>
<td>Conditional</td>
<td>Complete if information is known. Enter the date of illness, injury or pregnancy, (date of the last menstrual period) using two digits for the month, two digits for the date and two digits for the year. Example: 070114 for July 1, 2014. Enter the applicable qualifier to identify which date is being reported 431 Onset of Current Symptoms or Illness 484 Last Menstrual Period</td>
</tr>
<tr>
<td>15</td>
<td>Other Date</td>
<td>Not Required</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Date Patient Unable to Work in Current Occupation</td>
<td>Not Required</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Name of Referring Physician</td>
<td>Conditional</td>
<td></td>
</tr>
<tr>
<td>17.b</td>
<td>NPI of referring physician</td>
<td>Conditional</td>
<td></td>
</tr>
<tr>
<td>CMS Field #</td>
<td>Field Label</td>
<td>Field is?</td>
<td>Instructions</td>
</tr>
<tr>
<td>-------------</td>
<td>--------------------------------------------</td>
<td>------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>18</td>
<td>Hospitalization Dates Related to Current Service</td>
<td>Not Required</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Additional Claim Information</td>
<td>Conditional</td>
<td>When applicable, enter the word &quot;TRANSPORT CERT” to certify that you have a transportation certificate or trip sheet on file for this service.</td>
</tr>
<tr>
<td>20</td>
<td>Outside Lab? $ Charges</td>
<td>Not Required</td>
<td></td>
</tr>
</tbody>
</table>
| 21          | Diagnosis or Nature of Illness or Injury   | Required    | Enter at least one but no more than twelve diagnosis codes based on the member's diagnosis/condition. Enter applicable ICD indicator to identify which version of ICD codes is being reported.  
0  ICD-10-CM (DOS 10/1/15 and after)  
9  ICD-9-CM (DOS 9/30/15 and before) |
| 22          | Medicaid Resubmission Code                 | Conditional | List the original reference number for adjusted claims. When resubmitting a claim as a replacement or a void, enter the appropriate bill frequency code in the left-hand side of the field.  
7  Replacement of prior claim  
8  Void/Cancel of prior claim  
This field is not intended for use for original claim submissions. |
| 23          | Prior Authorization                        | Not Required |                                                                                                                                             |
| 24          | Claim Line Detail                          | Information | The paper claim form allows entry of up to six detailed billing lines. Fields 24A through 24J apply to each billed line.  
**Do not enter more than six lines of information** on the paper claim. If more than six lines of information are entered, the additional lines will not be entered for processing.  
Each claim form must be fully completed (totaled).  
**Do not file continuation claims** (e.g., Page 1 of 2). |
<table>
<thead>
<tr>
<th>CMS Field #</th>
<th>Field Label</th>
<th>Field is?</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>24A</td>
<td>Dates of Service</td>
<td>Required</td>
<td>The field accommodates the entry of two dates: a “From” date of services and a “To” date of service. Enter the date of service using two digits for the month, two digits for the date and two digits for the year. Example: 010117 for January 1, 2017.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>From</strong> 01 01 17  <strong>To</strong> 01 01 17</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Single Date of Service:</strong> Enter the six-digit date of service in the “From” field. Completion of the “To” field is not required. Do not spread the date entry across the two fields. <strong>Span billing:</strong> Is not allowed for transportation.</td>
</tr>
<tr>
<td>24B</td>
<td>Place of Service</td>
<td>Required</td>
<td>Enter the Place of Service (POS) code that describes the location where services were rendered. The Health First Colorado accepts the CMS place of service codes. 41 Transportation – Land 42 Transportation – Air or Water</td>
</tr>
<tr>
<td>24C</td>
<td>EMG</td>
<td>Conditional</td>
<td>Enter a &quot;Y&quot; in the bottom, unshaded area of the field to indicate the service was Emergency Medical Transportation.</td>
</tr>
<tr>
<td>24D</td>
<td>Procedures, Services, or Supplies</td>
<td>Required</td>
<td>Enter the HCPCS procedure code that specifically describes the service for which payment is requested. Only approved codes from the current CPT or HCPCS publications will be accepted.</td>
</tr>
<tr>
<td>24D</td>
<td>Modifier</td>
<td>Not Required</td>
<td>Enter the appropriate procedure-related modifier(s) that applies to the billed service. Up to four modifiers may be entered when using the paper claim form.</td>
</tr>
<tr>
<td>CMS Field #</td>
<td>Field Label</td>
<td>Field is?</td>
<td>Instructions</td>
</tr>
<tr>
<td>------------</td>
<td>--------------------------------</td>
<td>-----------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| 24E        | Diagnosis Pointer               | Required  | Enter the diagnosis code reference letter (A-L) that relates the date of service and the procedures performed to the primary diagnosis.  
At least one (1) diagnosis code reference letter must be entered.  
When multiple services are performed, the primary reference letter for each service should be listed first, other applicable services should follow.  
This field allows for the entry of four (4) characters in the unshaded area. |
| 24F        | $ Charges                       | Required  | Enter the usual and customary charge for the service represented by the procedure code on the detail line. Do not use commas when reporting dollar amounts. Enter 00 in the cents area if the amount is a whole number.  
Submitted charges cannot be more than charges made to non-Health First Colorado covered individuals for the same service.  
Do not deduct Health First Colorado co-payment or commercial insurance payments from the usual and customary charges. |
| 24G        | Days or Units                   | Required  | Enter the number of units provided for each procedure code.  
Enter whole numbers only- do not enter fractions or decimals.                                                                                                                                               |
<p>| 24H        | EPSDT/ Family Plan              | Not       | Required                                                                                                                                                                                                 |
| 24I        | ID Qualifier                    | Not       | Required                                                                                                                                                                                                 |
| 24J        | Rendering Provider ID #         | Required  | In the shaded portion of the field, enter the NPI or Provider ID of the Health First Colorado provider who actually performed or rendered the billed service. This number cannot be assigned to a group or clinic. |
| 25         | Federal Tax ID Number           | Not       | Required                                                                                                                                                                                                 |</p>
<table>
<thead>
<tr>
<th>CMS Field #</th>
<th>Field Label</th>
<th>Field is?</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>26</td>
<td>Patient’s Account Number</td>
<td>Optional</td>
<td>Enter information that identifies the member or claim in the provider’s billing system. Submitted information appears on the Remittance Advice (RA).</td>
</tr>
<tr>
<td>27</td>
<td>Accept Assignment?</td>
<td>Required</td>
<td>The accept assignment indicates that the provider agrees to accept assignment under the terms of the payer’s program.</td>
</tr>
<tr>
<td>28</td>
<td>Total Charge</td>
<td>Required</td>
<td>Enter the sum of all charges listed in field 24F. Do not use commas when reporting dollar amounts. Enter 00 in the cents area if the amount is a whole number.</td>
</tr>
<tr>
<td>29</td>
<td>Amount Paid</td>
<td>Conditional</td>
<td>Enter the total amount paid by Medicare or any other commercial health insurance that has made payment on the billed services. Do not use commas when reporting dollar amounts. Enter 00 in the cents area if the amount is a whole number.</td>
</tr>
<tr>
<td>30</td>
<td>Rsvd for NUCC Use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CMS Field #</td>
<td>Field Label</td>
<td>Field is?</td>
<td>Instructions</td>
</tr>
<tr>
<td>-------------</td>
<td>-------------</td>
<td>-----------</td>
<td>--------------</td>
</tr>
<tr>
<td>31</td>
<td>Signature of Physician or Supplier Including Degrees or Credentials</td>
<td>Required</td>
<td>Each claim must bear the signature of the enrolled provider or the signature of a registered authorized agent. A holographic signature stamp may be used. An authorized agent or representative may sign the claim for the enrolled provider. Each claim must have the date the enrolled provider or registered authorized agent signed the claim form. Enter the date the claim was signed using two digits for the month, two digits for the date and two digits for the year. Example: 070117 for July 1, 2017. <strong>Unacceptable signature alternatives:</strong> Claim preparation personnel may not sign the enrolled provider’s name. Initials are not acceptable as a signature. Typed or computer printed names are not acceptable as a signature. “Signature on file” notation is not acceptable in place of an authorized signature.</td>
</tr>
</tbody>
</table>
| 32          | 32- Service Facility Location Information 32a- NPI Number 32b- Other ID # | Conditional | Complete for services provided in a hospital or nursing facility in the following format:  
1st Line Facility Name  
2nd Line Address  
3rd Line City, State and ZIP Code  
32a- NPI Number Enter the NPI of the service facility (if known). |
| 33          | 33- Billing Provider Info & Ph # 33a- NPI Number 33b- Other ID # | Required | Enter the name of the individual or organization that will receive payment for the billed services in the following format:  
1st Line Name  
2nd Line Address  
3rd Line City, State and ZIP Code  
33a- NPI Number Enter the NPI of the billing provider |
CMS 1500 Transportation Claim Example
Transportation Third Party Claim - No Mileage Example
Transportation Crossover Claim Example
Timely Filing

For more information on timely filing policy, including the resubmission rules for denied claims, please see the General Provider Information manual.
# EMT Billing Manual Revisions Log

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Section/Action</th>
<th>Pages</th>
<th>Made by</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/01/2016</td>
<td>Manual revised for interChange implementation. For manual revisions prior to 12/01/2016, please refer to Archive.</td>
<td>All</td>
<td>HPE</td>
</tr>
<tr>
<td>12/27/2016</td>
<td>Updates based on Colorado iC Stage II Provider Billing Manual Comment Log v0_2.xlsx</td>
<td>4, 6, 7, 14</td>
<td>HPE</td>
</tr>
<tr>
<td>1/10/2017</td>
<td>Updates based on Colorado iC Stage Provider Billing Manual Comment Log v0_3.xlsx</td>
<td>Multiple</td>
<td>HPE</td>
</tr>
<tr>
<td>1/19/2017</td>
<td>Updates based on Colorado iC Stage Provider Billing Manual Comment Log v0_4.xlsx</td>
<td>5, 13</td>
<td>HPE</td>
</tr>
<tr>
<td>1/26/2017</td>
<td>Updates based on Department 1/20/2017 approval email</td>
<td>Accepted tracked changes throughout</td>
<td>HPE</td>
</tr>
<tr>
<td>12/12/17</td>
<td>Manual revised to separate NEMT and EMT services. Changed the name to EMT Billing Manual. Updates made throughout to align with current policies and billing rules.</td>
<td>All</td>
<td>ERM</td>
</tr>
<tr>
<td>04/18/18</td>
<td>Added clarification that interfacility transportation is an EMT benefit. Clarified EMG Indicator left blank defaults to “Not Sure.”</td>
<td>1, 6</td>
<td>ERM</td>
</tr>
<tr>
<td>06/22/18</td>
<td>Updated billing info and timely filing to point to General Billing Manual</td>
<td>2,18</td>
<td>HCPF</td>
</tr>
<tr>
<td>12/21/18</td>
<td>Clarification to signature requirements</td>
<td>12</td>
<td>HCPF</td>
</tr>
</tbody>
</table>

**Note:** In many instances when specific pages are updated, the page numbers change for the entire section. Page numbers listed above are the page numbers on which the updates/changes occur.